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FACSIMILE COVER SHEET

Date: January 11, 2007

FAX NO: (571) 273-8300

Page(s): 39

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JAN 11 2007

To: UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop: AMENDMENT

Commissioner for Patents

Post Office Box 1450

Arlington, VA 22313-1450

From: Sharon M. Fujita

Re: U.S.S.N. 09/920,607

Dated Filed: July 31, 2001

Attached is:

Transmittal

Fee Transmittal

Amendment and Response (34 pp)

3-month Extension of Time plus 1 copy; and

Cover Page

Please contact Sharon Fujita at (650) 298-5421 if you have any problems receiving this transmission.

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PTO/SBn7 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006	Complete If Known	
	Application Number	09/920,607
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Filing Date	31 July 2001
TOTAL AMOUNT OF PAYMENT (\$)	First Named Inventor	Jeremy S. Minshull
	Examiner Name	Tran, My Chau T.
	Art Unit	1639
	Attorney Docket No.	0178.210US
		(\$) 1020.00

METHOD OF PAYMENT (check all that apply)

Check
 Credit Card
 Money Order
 None
 Other (please identify): _____

Deposit Account
 Deposit Account Number: 50-0990
 Deposit Account Name: MAXYGEN, INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below
 Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 - 20 or HP = _____ x 50 = _____

HP = highest number of total claims paid for, if greater than 20.
Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 - 3 or HP = _____ x 200 = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

- 100 = _____ / 50 = _____ (round up to a whole number) x 250 = _____

4. OTHER FEE(S)

Description	Fee (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____	_____
Other (e.g., late filing surcharge): 3-month extension of time	_____	_____
		1020.00

SUBMITTED BY

Signature	<i>Sharon M. Fujita</i>	Registration No. (Attorney/Agent)	38,459	Telephone	650-298-5300
Name (Print/Type)	SHARON M. FUJITA	Date	JANUARY 11, 2007		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. The collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-06)
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/920,607	RECEIVED CENTRAL FAX CENTER JAN 11 2007
	Filing Date	31 July 2001	
	First Named Inventor	Jeremy S. Minshall	
	Art Unit	Tran, My Chau T.	
	Examiner Name	1639	
Total Number of Pages in This Submission	Attorney Docket Number	0178.210US	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Facsimile Cover Sheet
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	MAXYGEN, INC.
Signature	<i>Sharon M. Fujita</i>
Printed name	SHARON M. FUJITA
Date	JANUARY 7 11, 2007
Reg. No.	38,459

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	<i>Sharon M. Fujita</i>
Typed or printed name	SHARON M. FUJITA
Date	JANUARY 11, 2007

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